

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 765	
County <u>Pima</u>			County Registered No. <u>774</u>	
District <u>Tucson</u>			Local Registrar's No. _____	
Town _____				
Or City _____				
ORIGINAL CERTIFICATE OF DEATH				
No. <u>615 N. Third Ave</u> St.				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Anna B. Bertelsen</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	DATE OF DEATH <u>Feb 21</u> 191 <u>7</u>	
DATE OF BIRTH <u>Oct 10</u> 18 <u>81</u>			(Month) (Day) (Year)	
AGE <u>35</u> yrs <u>4</u> mos <u>11</u> days			I hereby certify, that I attended deceased from <u>October 1916</u> to <u>Feb 20</u> 191 <u>7</u> ; that I last saw her <u>alive</u> on <u>Feb 20</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>1:30</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>			(Duration) _____ yrs _____ mos _____ days	
(b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>No</u>	
BIRTHPLACE (State or country) <u>Ic.</u>			If not, where? <u>South Dakota</u>	
PARENTS	NAME OF FATHER <u>Olaf Thorshisen</u>	CENTENARY (Duration) _____ yrs _____ mos _____ days		
	BIRTHPLACE OF FATHER (State or Country) <u>Norway</u>	(Signed) <u>E. A. Anderson</u>		
	MAIDEN NAME OF MOTHER <u>Unknown</u>	<u>Feb 21</u> 191 <u>7</u> (Address) <u>Tucson</u>		
	BIRTHPLACE OF MOTHER (State or Country) <u>Unknown</u>	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
The Above Is True to the Best of My Knowledge (Informant) <u>A. B. Bertelsen</u>			LENGTH OF RESIDENCE At place of death <u>2</u> yrs <u>2</u> mos <u>5</u> ds. In Arizona <u>5</u> yrs <u>5</u> mos <u>5</u> ds.	
(Address) <u>Lake Creston, S.D.</u>			Former or Usual Residence <u>South Dakota</u>	
PLACE OF BURIAL OR REMOVAL <u>Lake Creston, S.D.</u>			Filed <u>Feb 21</u> 191 <u>7</u> <u>Medicine</u>	
DATE OF BURIAL OR REMOVAL <u>Feb 22</u> 191 <u>7</u>			Local Registrar _____	
UNDERTAKER <u>Reilly Undertaking Co.</u>			Filed <u>3-10</u> 191 <u>7</u> <u>Chas. H. H. H. H.</u>	
ADDRESS <u>Tucson, Arizona</u>			County Registrar _____	